# ELECTRIC OFF TOTAL OTILITY

## **CITY OF LODI**

## RESIDENTIAL MEDICAL DISCOUNT

Customers who qualify under the terms of Schedule MR, Residential Medical Discount, will be entitled to a 25% discount on their electric usage.

Attached is the "Declaration of Eligibility". If you believe that you or a permanent resident of the household may qualify, please:

- 1. Fill out pages 1 & 2.
- 2. Have your physician complete and sign page 3.
- 3. Mail or fax the completed forms to:

CITY OF LODI ELECTRIC UTILITY DEPARTMENT MEDICAL RATES 1331 SOUTH HAM LANE LODI CA 95242-3995

Should you have questions or require additional information, please call:

Karen Engelmann Administrative Clerk Phone - (209) 333-6762 Fax - (209) 339-0851

# CITY OF LODI DECLARATION OF ELIGIBILITY FOR MEDICAL FIRST BLOCK ADJUSTMENT

Residents of Lodi living in a residence served by the City of Lodi Electric Utility Department and billed under a residential rate schedule may claim eligibility for medical first block adjustment. The medical first block adjustment, available year round, is a 25% electric discount. Before eligibility can be certified, all applicable portions of this form must be completed by the resident and a doctor of medicine or osteopathy licensed to practice in the State of California, and the form returned to:

City of Lodi
Electric Utility Department
Medical Rates
1331 South Ham Lane
Lodi CA 95242-3995

<u>Life-Support Device</u> – A life-support device is any medical device necessary to sustain life or relied upon for mobility. To qualify under this rule, the device must be used in the home and must run on electricity supplied by the City of Lodi. The

Please indicate below which standard(s) of eligibility the patient meets by checking the applicable box(es):

term "life-support device" includes, but is not limited to, respirators, iron lungs, hemodialysis machines, suction machines, electric nerve stimulators, pressure pads and pumps, aerosol tents, electrostatic and ultrasonic nebulizers, compressors, IPPB machines and motorized wheelchairs.

( ) Specify Electric Life-Support Device:

Space Conditioning – Medical baseline quantities are available for certain qualified disabled persons requiring City of Lodi supplied energy for additional electric space heating or electric air conditioning needs.

( ) Paraplegic, hemiplegic, or quadriplegic person

( ) Multiple Sclerosis patient

( ) Other medical condition (specify):

Note: The City cannot and does not quarantee an un-interruptible supply of electric energy (see Rule and

Note: The City cannot and does not guarantee an un-interruptible supply of electric energy (see Rule and Regulation No. 14). In situations where the medical condition requires and un-interruptible supply of electric energy, the customer is advised to install some type of backup electric energy supply system.

Customer hereby grants the City of Lodi the right of access to the residence at reasonable hours for verification of the information furnished in this declaration. Refusal of access shall be reason for disallowance of the medical first block adjustment claimed.

This certification will be valid only for a one-year period from the date shown below, and, if necessary, will be reviewed after that period.

Account Holder/Customer (signature)	Date	

# CITY OF LODI Account Holder/Customer Information

The Account Holder/Customer must complete sections A and B of this form. Section C is optional.

Please print or type. Section A Account Holder/Customer Name **Daytime Phone Number** Service Address Zip Code Mailing Address (if different) City of Lodi Account Number **Section B** Name of qualifying Person/Patient living at above service address Relationship to Account Holder **Section C** THIRD PARTY NOTIFICATION (OPTIONAL) You may designate a "3RD PARTY" to be notified in case your city utilities (water and electricity) are scheduled for a planned interruption, or are scheduled for disconnection due to non-payment. The person you designate as your 3<sup>RD</sup> PARTY is under no obligation to pay your utility bill. The notification will just provide the opportunity for your friend or relative to help you understand the circumstances and avoid being without city utility services. Third Party Phone Number **Third Party Name** 

City / State / Zip

**Third Party Address** 

#### **CITY OF LODI**

#### **MEDICAL DISCOUNT PROGRAM**

### CERTIFICATION BY DOCTOR OF MEDICINE OR OSTEOPATHY

### (To Be Completed By Physician)

The following must be completed in full in order for your patient to continue receiving the medical discount for electricity.

1. Patient Name					
2. Patient's medical condition					
3. Type of electrical equipment re	equired by the patient (be specific)				
· ·	ount, essential medical equipment is person or relied upon for mobility.	·			,
☐ Paraplegic,	requiring City of Lodi supplied energ hemiplegic, quadriplegic lerosis patient requires s	c person requires specia	al electric he	ating.	e:
	cluding any medical appliance	•			
	nis patient regularly requove information is accu				
1. Doctor's Name					
I. Doctor's Name	Print, type, or stamp				
2. Office Address	7,71				
	Street Address		City	State	Zip
3. Phone Number		4. Fax Number			
5. MD/DO Ca. State Li	cense or Military License	)			
6. Signature of Doctor	**		<b>7.</b> Date		
** Cinnatura must be	from a MD or DO. Sign	actions from a FND N	D and DA a	es mot seesmisk	la.

\* Signature must be from a MD or DO. Signatures from a FNP, NP, and PA are not acceptable.

If you wish to explain in more detail, please attach your signed statement.